

INSTRUCTIONS: Refer to detailed instructions included in Indirect Cost Plan. Complete and return by **October 31** to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION ATTN: GENE FORNECKER, CPA SCHOOL FINANCIAL SERVICES 125 SOUTH WEBSTER STREET P.O. BOX 7841 MADISON, WI 53707-7841

		GENERAL INFORMATION									
Legal Name of School District or Local Educational Agency			Contact Person						Telep	hone <i>Area/No.</i>	
Address Street, City, State, Zip							County Code)	LEA Code	
I. ACCOUNT			NT ADJUSTMENTS (Optional)					-			
Some General Funds costs can be considered both restricted and unrestricted indirect costs. Refer to detailed instructions in Local Educational Agency Indirect Cost Plan.											
Account Code	count Code Account Name		Indirect Restricted I		Indirect Unrestricted		Direct Cost		I	Excluded Cost	
			\$		\$		\$		\$	\$	
Total Adjustments			\$	\$			\$		\$		
Comments:											
II. CERTIFICATION BY AGENCY OFFICIAL Required for rate establishment											
I HEREBY CERTIFY that the information contained in the annual report or attached indirect cost rate proposal for the year ended											
Name (print or type) Title		Title		Signature	Signature					Date Signed	
				>							